YEAR OF File Prior to:

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION

FILE NO. = 5651 - 866-5

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6, or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

RECEIVED

JESSE WHITE SECRETARY OF STATE

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL. ZIP CODE Teleclose, Inc. MAY 3 0 2002 David & Stauffacher, 9625 & 764 Ave Bridgeviewill 60455 State or Country of incorporation: WISconsin 3b.) Date Qualified To Do Business In IL: 4.) The names and residential addresses of ALL officers & directors MUST be listed here! OFFICE NUMBER & STREET CITY STATE ΖIΡ President Madison 53704 Secretary Treasurer 11 Director Director Director If 51% or more of the stock is owned by a minority or female, please check appropriate box. Female Owned Minarity Owned Number of shares authorized and issued (as of 6/30/0/CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED 100,00 COMM 1.00 2800 IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed. The amount of paid-in capital as of (Paid-in Capital reflects the sum of The Paid-in Capital on record with the Secretary of State is: \$ the stated Capital and Paid-in surplus accounts.) Under the penalty of perjury and as an authorized officer, I declare that this RETURN TO: annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my ITEM 8 MUST BE SIGNED! knowledge and belief, true, correct, and Department of Business Services complete. www.sos.state.il.us (PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

Jesse White Secretary of State Springfield, IL 62756 Telephone (217) 782-7808

| PRESIDENT | | | | | |
|-----------|------|---|------|-------|----------|
| SECRETARY | | | | | |
| | | D ADDRESSES ARE MISSING OR H DNS OR CORRECTIONS BELOW. | IAVE | | File No. |
| FRESIDENI | NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
| SECRETARY | | - | | | 2 |
| | NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |

Fed ID: 39-1706021

| | The amounts stated in parts (a) through (e) below are given for the twelve month period | |
|----------|--|---------------------------------------|
| | ending, \(\frac{1}{2} \) \(\frac{200}{1} \) | |
| 1 | The value of the property (gross assets) | |
| | (a) owned by the corporation, wherever located, was | (a) \$ |
| _ | (b) or the corporation located within the state of illinois was | (b) \$ |
| 1 | The gross amount of business transacted by the corporation | 28 900 |
| | (c) everywhere for the above period was | (d) \$ 5,430 |
| | (d) at or from places of business in Illinois for the above period was | (u) 4 |
| | Give the location of the principal places of business of the corporation in each state where authorized to transact busines transacted in each state for the above period. (If necessary, attach a second sheet.) | s and the gross amount of business |
| | Transported in each state for the above pariou. (If flacessary, and or a second sheet) | |
| | 19799 (Write ti | his figure on |
| ALLOC | MINITAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT | below.) |
| | a + c (6 decimal places) | |
| | | |
| 10. (a.) | ALL property of the corporation is located in Illinois and ALL business of the corporation is tra in Illinois. | nsacted at or from places of business |
| (b.) | | ital |
| (, | to supercusting the pay maintained tax on the pasts of 100% of its total pattern capi | ital. |
| ALI | LLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.) | |
| S | STOP! Item 9 or 10 must be completed be | ofore continuing |
| O | | noie continuing |
| | To Item 11. | - |
| | | , |
| 11. A | ANNUAL FRANCHISE TAX AND FEES | -, . |
| (a.) | Total Paid-in Capital (Enter amount from Item 7a from the | |
| ` ' | other side of report. If late, enter the greater of 7a or 7b.) | 00 |
| | | / C7 2 . C |
| (b.) |) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) | 187319 |
| . , | li i i i i i i i i i i i i i i i i i i | 0.2.2 |
| (c.) | ILLINOIS CAPITAL (Multiply line (a.) by Line (b.) | 8,73 |
| | | _ |
| (d1.) | .) Multiply line (c.) by .001 (Round to nearest cent) | |

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25).....

ANNUAL REPORT FILING FEE (\$25)

+ line (e3.) + line (f.)....

(e1.) If Annual Report is late, multiply line(d2.) by .10e1

late or part thereof (minimum \$1.00)

(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.)

TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)

(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month

25,00

+ 25.00

e3.

2.50

IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.